

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/290867

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	1					
14		1				
15		2				
16	(1)					
17	(1)					
18	(1)					
19	(1)					
20	(1)					
21	(1)					
22	(1)					
23	(1)					
24	(1)					
25	(1)					
26	(1)					
27	1					
28	1					
29	1					
30	1					
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49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	28		↓		↓	↓
TOTAL CLAIMS	34					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS